INSTRUCTIONS FOR COMPLETING CONTINUING EDUCATION PROGRAM APPLICATION

Item 1. Enter the date application is completed.

Item 2. Provide telephone number where Program Coordinator may be contacted during normal business hours. This telephone number will be made available to EMTs for programs that indicate they are open to the public.

Item 3. Provide the complete mailing address were you wish approval number mailed. This should be either Program Coordinator or Sponsoring Institution's address. It is important that information provided in this box be **accurate and readable**. This address will appear in the return envelope window with your approved application.

Item 4. Write a short title that accurately depicts the nature of program. Example: "EMT-Basic Refresher", "Spine Immobilization" etc. Attach a detailed program outline that identifies the learning objectives, program content, teaching plan/methods, time frames, test if applicable etc..

Item 5. Identify the Type of Program and complete the appropriate section. There are three (3) program classifications: (A) Refresher Training, (B) Morbidity and Mortality Rounds or, (C) Continuing Education. Indicate continuing education hours requested and EMT level.

Item 6. Indicate (a) date(s) and (b) times program will be offered. Make clear exactly when each session will take place. Indicate if the program will be offered to several shifts at different times.

Item 7. (a) Indicate total class meetings (sessions) and (b) total class hours. Only actual instructional time will count. Time allotted for breaks and lunch will not be counted for credit hours.

Item 8. Identify the location where the program will take place. Be specific: hospital, teaching institution, fire station, etc.. Name of city or town, street and room number.

Item 9. Identify name and address of primary instructor (even if you are the primary instructor). Include background references such as "EMT", "I/C", "RN", "MD", etc.. Identify additional instructors along with their credentials (include resume information for each) on attached course outline.

Item 10. Check "Yes" if the program is open to the general EMT population. Check "No" if the program is being offered to a limited audience. OEMS receives inquires as to location and time of continuing education programs and periodically publishes continuing education program resources on web-site.

Item 11. Program Coordinator will print full name and write signature indicating they will conduct training program in conformance with application and program outline standards.

> *Please indicate e-mail address if applicable, this will aid in future program communication and coordination.*

Note: *The application must be submitted at least six weeks prior to program start date. This will allow time for review, processing and mailing of approval documentation. Please take the processing time into consideration when developing program schedules. No program can begin or be advertised as approved prior to receiving an OEMS approval number.*

(For Regional Training Committee use only)

Note: Region sponsored programs must be reviewed (submit all applicable documentation) and approved by OEMS.

Item 12. Check applicable box either recommended or not recommended. If not recommended, attach written explanation and return to originator. Check box indicating organization reviewing / recommending application. Indicate date review was completed, name, title and signature of reviewing authority.

(For OEMS use only)

Item 13. Indicate EMT program level and hours approved. Indicate date review was completed, name, title and signature of reviewing authority. Attached explanation and return to originator if not approved.